INFORMATION DISCLOSURE CITATION					Docket Number (Optional) 1345 Applicant(s)		Application Number /0/7/4, /25		
		(Use several sheets if necess	ary)		KOURIS, HA	RRY	Group Art Unit 2832		
				U.S. PATI	ENT DOCUMENTS				
EXAMINER	REF	DOCUMENT NUMBER	DATE	NAME		CLASS	SUBCLASS	FILING DA	
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				OTHER I	DOCUMENTS (Including)	Author, Title, D	ate, Pertinent Po	ages, Etc.)	
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